

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/585,864</td> </tr> <tr> <td>Filing Date</td> <td>July 11, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Patrick Dawson Bailey</td> </tr> <tr> <td>Title</td> <td>Drug Delivery System</td> </tr> <tr> <td>Art Unit</td> <td>1654</td> </tr> <tr> <td>Examiner Name</td> <td>NIEBAUER, RONALD T</td> </tr> <tr> <td>Attorney Docket Number</td> <td>0206.71</td> </tr> </table>	Application Number	10/585,864	Filing Date	July 11, 2006	First Named Inventor	Patrick Dawson Bailey	Title	Drug Delivery System	Art Unit	1654	Examiner Name	NIEBAUER, RONALD T	Attorney Docket Number	0206.71
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I hereby revoke all previous powers of attorney given in the above-identified application.

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<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on _____	SIGNATURE OF Applicant or Assignee of Record
--	--

Signature	Date
Name	9/3/2010
Title and Company	Telephone
CHIEF OF INVENTION MANAGER of Keele University	01982-714492

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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